

Annexure 1 - Account closure request

Account closure request letter

To,
YES Bank Ltd.,
Branch: _____

Date: _____

Subject:

Closure of Account No. _____ **Customer name:** _____

Request Please close my/our aforementioned account with your _____ branch.

Related Debit Card Details: I/We confirm my/our Debit Card number/s
_____/_____/_____ to
be:

<input type="checkbox"/>	Destroyed
<input type="checkbox"/>	De-linked from this account which has to be closed. (in case of same Debit Card linked with multiple accounts)
<input type="checkbox"/>	No Debit Card(s) has/have been received in this account
<input type="checkbox"/>	I have cut my debit card into pieces and destroyed the same

Related Cheque book Details: Cheque leaves from _____ to _____

I/We confirm my/our Cheque Book/s to be:

<input type="checkbox"/>	Be destroyed. And I/We confirm No cheque leaves have been issued by me/us.
<input type="checkbox"/>	No cheque leaves have been received for this account.
<input type="checkbox"/>	I have destroyed the unused cheque leaves for this account

3. Please Tick, if applicable

<input type="checkbox"/> I hold Demat account, number _____, with you. Request for closure of Demat account attached.	<input type="checkbox"/> I hold MF online a/c number _____, with you. Request for conversion of online folios to offline is attached
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4. The reason for closing the account is: (Please tick whatever applicable)

<input type="checkbox"/>	Shifting to other bank
<input type="checkbox"/>	Moving city / residence
<input type="checkbox"/>	Unhappy with Service
<input type="checkbox"/>	Unhappy with Account Features
<input type="checkbox"/>	Consolidating bank accounts within Yes Bank
<input type="checkbox"/>	Unable to Maintain the Balance
<input type="checkbox"/>	Change in status (Resident / Non Resident)

	Customer Deceased
	Others (Please specify reason)
	Missing Person
	Branch not near
	Salary account changed
	Change of constitution
	Closure of business due to financial loss
	Closure of existing firm and opening a new firm

5. The balance amount may be refunded by way of (Please tick):

<input type="checkbox"/> Pay Order <input type="checkbox"/> DD payable at _____ 	<input type="checkbox"/> NEFT/RTGS	<input type="checkbox"/> Locker delink: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> FD delink: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA (Maturity Instruction to be changed before closure)	Doorstep Banking Deactivation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/> Cash (For amount below Rs.20,000/- only)				

You are authorised to cancel any standing instructions linked to this account if any.

Thanking You,

Primary Account Holder:

Email Id: _____

Phone Number: _____

Signatures _____
1st Holder

2nd Holder

3rd Holder